

Monthly installments are available to taxpayers who are unable to pay the full balance owed by the due date. During this period, you must submit monthly payments equal to 1/6 of the total balance due. THIS AGREEMENT CANNOT EXCEED SIX (6) MONTHS.

**How to request an installment agreement**

To apply for an installment agreement, do not submit this form with your return. Complete pages 2 and 3 and mail the forms to:

Louisiana Department of Revenue  
P. O. Box 66658  
Baton Rouge, LA 70896-6658

Any missing or incomplete information will cause the request to be denied. All information will be verified.

**Fee for installment agreement**

There is a fee for an installment agreement of \$105. If we approve your request, we will send you a notice detailing the terms of your agreement and will add the installment fee of \$105 to the total balance due.

**Note:** Do not file this form if you are currently making payments on an installment agreement

**When to make payments**

When the installment agreement request has been approved, you will be notified. However, you should make monthly payments even if you have not received a response from the Department.

During the existence of this agreement, you must file all state tax returns and pay all state taxes timely.

**How to make payments**

We encourage the use of automatic bank debit for payment of the agreement. With the bank debit, payments will be withdrawn from your checking or savings account on the date you specify. Failure to have sufficient funds in your account at the time of debit will result in an NSF fee being added to the balance due and result in your agreement being cancelled. The application for automatic bank debit is on page 3 of this form.

**Will I continue receiving bills?**

The normal billing process will continue. A part of that process is the issuance of a "Notice of Intent". Failure to make the scheduled monthly payment will result in seizure of bank accounts and/or garnishment of your wages. Please ensure that the revenue account number is written on your check or money order.

An approved installment agreement WILL NOT PREVENT the garnishment of any refund due from the Internal Revenue Service or LDR. To protect the State's interest, a Tax Assessment and Lien may be filed.

**What if I miss a payment?**

If any installment payment is not paid on or before the dated fixed for its payment, you will be considered in default of your agreement and the total outstanding balance is immediately due. At this point, all collection actions will be reactivated. You may contact the department to request reinstatement of your installment agreement at which time a reinstatement fee of \$60 is due.

**What if I do not stay current with my taxes and returns?**

If you do not stay current in your obligations to the state, you will be considered in default of your agreement and the total outstanding balance is immediately due. At this point, all collection actions will be reactivated. You may contact the department to request reinstatement of your installment agreement at which time a reinstatement fee of \$60 is due.

**Contact Information**

If you have questions about an installment request, contact the Business Tax Enforcement Division at (855) 307-3893. If your request is approved, you will need to contact the Business Tax Enforcement Division to determine the amount of the final payment since penalty, interest and collection fees will accrue until the tax is paid in full.

**LOUISIANA**  
 DEPARTMENT of REVENUE

**Installment Request  
for Business Taxes**

**Mail to:**  
 Louisiana Department of Revenue  
 P. O. Box 66658  
 Baton Rouge, LA 70896-6658

**PLEASE PRINT OR TYPE.**

Business Name		
LDR Revenue Account Number	FEIN (If Applicable)	
Business Mailing Address:		
City	State	ZIP
Applicant(s) Legal Structure <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Corporate Officer(s) <input type="checkbox"/> LLC		
Contact Name	Office Phone	
Name of Bank		
Bank Account Number	Bank Routing Number	
<b>Description of Tax Type to be included in the Installment Request (Mark and complete all that apply.)</b>		
<b>Tax Type</b>	<b>Period(s)</b>	<b>Amount Due</b>
<input type="checkbox"/> Employer Withholding Tax LA Account Number _____		
<input type="checkbox"/> Sales & Use Tax LA Account Number _____		
<input type="checkbox"/> Corporate Income Tax LA Account Number _____		
<input type="checkbox"/> Corporate Franchise Tax LA Account Number _____		
<input type="checkbox"/> Other (Specify.) _____ LA Account Number _____		
<input type="checkbox"/> Other (Specify.) _____ LA Account Number _____		
<input type="checkbox"/> Other (Specify.) _____ LA Account Number _____		
Date you wish to make monthly payment:	<b>TOTAL AMOUNT DUE</b>	
<b>To calculate the amount of your monthly payment, divide the total amount due by six (6).</b>		
Total amount due \$ _____ ÷ 6 = \$ _____ amount of monthly payment		
<b>THIS AGREEMENT CANNOT EXCEED SIX (6) MONTHS.</b>		
Under the penalties of perjury, I declare that I have examined the Request for Payment Arrangement form, including all accompanying documents, and hereby affirm that to the best of my knowledge and belief, it is true, correct, and complete.		
Officer/Owner Signature	Date (mm/dd/yyyy)	

**LOUISIANA**  
DEPARTMENT of REVENUE**Installment Request for Business Taxes  
Bank Debit Application**

**Request must be mailed to:** Louisiana Department of Revenue  
Business Tax Enforcement Division  
Post Office Box 66658  
Baton Rouge, La 70896-6658

**PLEASE PRINT OR TYPE.**

Business Name		
LDR Revenue Account Number	Daytime Telephone Number	
Name of your Financial Institution		
Bank Routing Number		
Bank Account Number		
Bank Account Name	Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
Start Date (mm/dd/yyyy)	Debit Date (mm/dd/yyyy)	Debit Amount

**Note: Please attach a voided check.**

**Signature and Verification**

Under penalties of perjury, I (we) declare that the information is to the best of my (our) knowledge and belief is true, correct, and complete. I agree to participate in this Automatic Bank Draft Program.

I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Officer/Owner Signature	Date (mm/dd/yyyy)
-------------------------	-------------------